POSITION	INITIALS	ID NO.	DATE
	(signature)		04/12/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	4 18 00
FORMALITY REVIEW	*(initials)*	21423	6-13-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim	Date											Claim	Date									Claim	Date								
Final / Original												Final / Original										Final / Original									
1	÷	✔	✔	✔	✔							51										101									
2												52										102									
3												53										103									
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15												65										115									
16	✔	✔	✔	✔	✔							66										116									
17	N											67										117									
18	N											68										118									
19	N											69										119									
20	N											70										120									
21	N											71										121									
22	N											72										122									
23	N											73										123									
24	✔	✔	✔	✔	✔							74										124									
25												75										125									
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36	÷	✔										86										136									
37	✔	✔	✔	✔								87										137									
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48												98										148									
49												99										149									
50												100										150									

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)